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Notice of Independent Review Decision

Case Number:

Date of Notice: 12/29/2014

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Left L5 transforaminal injection IV sedation

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

12/05/14 adverse determination letter

IMO 10/22/14 orders

No date patient demographic form Workers' Compensation
profile 11/04/14 adverse determination letter IMO

Patient Clinical History (Summary)

The patient is a male with complaints of back pain. On 02/04/13, CT myelogram of the lumbar spine revealed at L4-5 there was a mild left subarticular recess narrowing related to multifactorial degenerative change. Left subarticular recess contained the descending left L5 nerve root. At L5-S1, there was moderate right neural foraminal stenosis secondary to osteophytes. On 03/08/13, the patient was taken to surgery for complaints of low back pain, left sided lumbar radicular syndrome, and recurrent disc herniation at L4-5 and he had to wear a transforaminal lumbar epidural steroid injection.

On 06/16/14, the patient returned to clinic for complaints of back and left buttock and posterior thigh pain. Lower extremities strength was symmetrical present in all lower extremities muscle groups reflexes were symmetrical and present and normal and sensation was intact. On 08/22/14, the patient returned to clinic and was status post decompression and revision decompression of the lumbar disc space with increasing leg pain. On physical examination he had positive straight leg raise at 70 degrees with positive Lasegue with transverse lumbar pain. X-rays showed normal alignment in flexion/extension x-rays showed retrolisthesis and decreased disc height at L4-5. Retrolisthesis increased in extension from 3-4mm. Assessment was flare up of radicular pain and lumbar strain. Anti-inflammatory medication and transforaminal epidural steroid injection was recommended with IV sedation. On 10/22/14, the patient returned to clinic and was status post decompression and revision decompression for lumbar disc disease and was noting increasing leg pain.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 11/04/14, adverse determination letter noted the patient had lumbar epidural steroid injection and discectomy in the past and was determined to be at maximum medical improvement on 08/14/13. It was noted the physical examination findings did not support evidence of radiculopathy and when compared to current exam findings to his physical examination findings in the past, there was nothing new or progressive. On 12/05/14, reconsideration determination letter stated that the patient had increasing low back and leg pain but there is no new objective neurological deficits reported and further validation was needed to meet guidelines.

The submitted records indicate that this patient was seen on 10/22/14 with flare up of radiculopathy. Exam found the patient to have positive straight leg raise at 70 degrees with positive Lasegue. The patient previously underwent the same type of injection under IV sedation. When he returned following that injection, he only reported 24 hours pain relief with recurrence of sciatica. Official Disability Guidelines indicates that radiculopathy must be documented prior to this procedure and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines also indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. Official Disability Guidelines pain chapter discusses the need for sedation for this type of procedure, stating that there is lack of evidence based clinical literature to make a firm recommendation as to sedation during this procedure. They indicate the use of sedation introduces some potential diagnostic and safety issues making unnecessary use less than ideal. For this patient, there is lack of significant neurological deficits on his most recent clinical evaluation, there is lack of progressive neurological deficits compared to previous exams, and there is lack of a rationale for using IV sedation when it is not totally supported by guidelines and may cause potential diagnostic and safety issues. Recommendation at this time is for upholding previous determinations.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)